EXHIBIT 32

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiffs

vs. Case No. CJ-2017-816

(1) PURDUE PHARMA, L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., n/k/a JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC., n/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC, f/k/a ACTAVIS, INC., f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS, LLC; and
(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEOTAPED DEPOSITION OF LYNN WEBSTER, M.D.

TAKEN ON BEHALF OF THE PLAINTIFF

ON FEBRUARY 18, 2019, BEGINNING AT 9:11 A.M.

IN SALT LAKE CITY, UTAH

REPORTED BY: VICKIE LARSEN, CSR/RMR

so-called KOLs have given depositions, testimony in this case; right?

MR. ROBINSON: Objection. To the extent you know anything personally outside of any communications you've had with counsel.

THE WITNESS: I do not.

MR. EHSAN: Objection to the form.

MR. ERCOLE: Same objection.

THE WITNESS: I do not know.

Q. BY MR. DUCK: Would it surprise you to learn that other KOLs that have testified in this case feel that they were used by the pharmaceutical companies --

MR. EHSAN: Objection.

Q. BY MR. DUCK: -- that are defendants in this case?

MR. ERCOLE: Objection.

MR. ROBINSON: Objection.

THE WITNESS: I'd be surprised if that's what they thought.

Q. BY MR. DUCK: You would be?

A. Uh-huh.

Q. Because you don't feel that way?

A. No.

Q. You don't feel like they used your influence to increase prescriptions of their drugs?

A. No, I do not.

Q. You don't feel that they asked you to be a key opinion leader or presenter for them to increase peer to peer influence opportunities?

A. No, I think that that might be true.

MR. EHSAN: Objection. Form.

THE WITNESS: I mean, I think that I'm well respected in my field, and so to ask me to be involved in anything that they're doing would probably be something useful to them. But that doesn't mean that I -- I did anything to help them.

Q. BY MR. DUCK: Well, that may not have been your intent, and that's not my question.

My question is, you would agree

that -- I think this is what you just said -- that these defendants asked you to do things because they perceived a business positive?

MR. EHSAN: Objection to form.

MR. ERCOLE: Same objection. Mischaracterizes testimony.

MR. EHSAN: Object to form.

THE WITNESS: I've never perceived it that way. I've always perceived it that they respect what I stand for and they appreciate my views, and so they've asked me to give -- probably be engaged because of that.

Q. BY MR. DUCK: Now, if your views were that opioids were terrible drugs that should never be prescribed, these defendants probably wouldn't have had you speak for them, would they?

MR. HOFFMAN: Object to form.

MR. ERCOLE: Same objection.

THE WITNESS: I always lectured about how harmful they were. That's -- that's what I lectured about. I rarely said anything other

the State today ever show you any documents concerning Watson Laboratories, Inc.?

A. Not that I'm familiar. No, I don't recall.

Q. Did counsel for the State ever reference Watson Laboratories, Inc.?

A. I don't believe so.

Q. How about Actavis, LLC, have you ever heard of that entity?

A. Well, I know Actavis. I don't know what the other part of it is, and if there's a difference.

Q. Sure. About -- ever received, to the best of your recollection, any funding from Actavis, LLC?

A. Not that I recall.

Q. Are you aware of any -- aware of any promotional or marketing statements about opioids that were ever made by Actavis, LLC?

A. No.

Q. Aware of any false or misleading statements attributable to Actavis, LLC --

A. No.

Q. -- sitting here today?
A. No.
Q. You've -- counsel for the State mentioned -- has used the word -- the name "Teva."
Do you recall that?
A. Yes.
Q. And counsel for the State never differentiated as to what Teva entity it was referring to or not referring to, but have you ever heard of the -- of the company Teva Pharmaceuticals USA?
MR. DUCK: Objection to form.
THE WITNESS: You know, I think of Teva as Teva, and I'm not sure I know the difference with -- if there are different Tevas.
Q. BY MR. ERCOLE: Fair enough.
Are you aware of any false or misleading statements, sitting here today, that Teva USA has made?
MR. DUCK: Objection to form.
THE WITNESS: No.
Q. BY MR. ERCOLE: Are you aware of any marketing at all that Teva USA has

done regarding opioids in Oklahoma?

MR. DUCK: Objection to form.

THE WITNESS: No.

Q. BY MR. ERCOLE: There was some discussion earlier about Cephalon. Do you recall that?

A. Yes.

Q. Cephalon is different than Teva; correct?

A. Well, I don't know what you mean by that. Cephalon is what developed Fentora and Actiq, and it was acquired by Teva, is what my understanding is. So it was a different company, but then it folded into Teva, is what my understanding is.

Q. Would you be surprised to learn that Teva USA and Cephalon are two distinct companies even today?

MR. ROBINSON: Objection.

Form.

THE WITNESS: I guess I would be surprised. I didn't know that.

Q. BY MR. ERCOLE: With respect to Cephalon, at any stage in time are you aware of any false or misleading statements that

Cephalon has ever made?

MR. DUCK: Objection to form.

THE WITNESS: Only what was presented to me today that the Cephalon admitted to doing something wrong.

Q. BY MR. ERCOLE: You have no independent knowledge of that; correct?

MR. DUCK: Objection. Form.

THE WITNESS: That's correct, I don't.

Q. BY MR. ERCOLE: And you have no independent knowledge, is it fair to say, of any -- of any false or misleading statements that Cephalon has ever made in the state of Oklahoma; is that fair to say?

MR. DUCK: Objection to form.

THE WITNESS: That's correct.

Q. BY MR. ERCOLE: And sitting here today, there were no documents presented to you showing any false or misleading statements made my Cephalon in the state of Oklahoma; correct?

A. Again, it's one document that -- that the executives -- or there was

some kind of fine, and I don't know if that applied to Oklahoma or not.

Q. Are you aware that that was -- are you aware that that was -- that addressed the issue of off-label promotion?

A. That's what he -- that's what I learned today.

Q. Sure. And we'll get into sort of off-label prescribing issues, but is it fair to say that off-label prescribing can, in some instances, form the appropriate standard of care for patients?

MR. DUCK: Objection to form.

THE WITNESS: Off-label prescribing is common. 30 to 40 percent, probably, of all -- of all prescribing across the board, all medicines, is off-label. And it's -- it's not uncommon to off-label -- prescribe off-label and that's why -- well, it's just not uncommon.

Q. BY MR. ERCOLE: And what is sort of off-label prescribing, just to give some additional context there?

A. It just means --

MR. DUCK: Objection to form.
THE WITNESS: It just -- what it means is that it's -- it's being used, it's being prescribed for a disease or a state that is not within the FDA package insert guideline. Doesn't have an approved FDA indication.
Q. BY MR. ERCOLE: And is it fair to say that, depending on context, some off-label statements themselves may be entirely true?
MR. DUCK: Objection. Form.
THE WITNESS: Off-label statements?
MR. ROBINSON: Objection. Form.
MR. ERCOLE: Sure.
THE WITNESS: You -- you mean making some statements about off-label use could be true?
MR. ERCOLE: Yes.
MR. DUCK: Objection to form.
THE WITNESS: Yes, of course.
Q. BY MR. ERCOLE: And you say "of

course," what do -- what do you mean by that?

A. Well, I mean --

MR. ROBINSON: Objection.

You can answer the question if you can answer that in a vacuum. Go ahead.

THE WITNESS: Well, I think that it's very common for physicians to write something that has no FDA indication because we believe it's the appropriate thing. And we may make some statement that we believe it's appropriate for that patient, for that indication, for the -- whatever we're prescribing, even though it's not a part of the FDA indication.

Q. BY MR. ERCOLE: And just because it's -- is it fair to say just because it's a off-label statement doesn't necessarily mean it's false or misleading in any way?

MR. DUCK: Objection to form.

THE WITNESS: It means that the FDA has not approved it. That's all it means.

Q. BY MR. ERCOLE: Okay. Are you -- Dr. Webster, how many years of medical training do you have?

A. Well, I was formally trained with five years of college and three years of medical school, four years -- three years of a residency, one fellowship, and then I trained myself a lot after my postgraduate.

Q. And as a trained medical professional, is it fair to say that when prescribing a medicine, you as the -- as the doctor, as the trained medical professional, are the one responsible for making the prescribing decision for the patient?

A. Yes, that's correct.

Q. And is it fair to say that as a trained medical professional, you have the obligation to make prescribing decisions in the best interest of your patients?

A. That's correct.

Q. And is it fair to say that as a trained medical professional, you actually do make prescribing decisions in the best interest of your patient?

A. We try.

they would have been developed independent of pharmaceutical companies; correct?

MR. DUCK: Objection to form.

THE WITNESS: By CM- -- by the definition of CME, they are independent. They're funded by pharma, but they're not developed by pharma.

Q. BY MR. ERCOLE: Sure. With respect to that funding, are you aware of any CME where -- that you were involved in where the funding somehow influenced the particular opinion or discussion you were giving?

MR. DUCK: Objection to form.

THE WITNESS: I would not have contact with the company, so I wouldn't know that.

Q. BY MR. ERCOLE: And sort of the -- strike that.

With respect to there was some discussion, I believe, of speaker programs --

A. Yes.

Q. -- earlier.

What's a speaker program?

A. Those are promotional programs.

Those are educational but promotional. I mean, those are where pharmaceutical companies or device companies contract with physicians to talk about their product in a promotional way.

Q. And did you serve as a speaker for Cephalon at some point?

A. I think Cephalon is the only company that I did that with for a short time, and I can't remember how long, but I did speak on the speaker bureau. The content was not promoting their product, though. I only spoke about the risk and abuse, and that's the reason I would do it.

Q. And with respect to the -- the speaker programs that you did for Cephalon, the opinions you gave regarding risks and abuse, those were your own opinions; correct?

MR. DUCK: Objection to form.

THE WITNESS: Yes, that's correct.

Q. BY MR. ERCOLE: And you wouldn't have done those speaker programs if they weren't your opinions; is that fair to say?

MR. DUCK: Objection to form.

THE WITNESS: That is absolutely correct. Much of it was based on my research and science. And so, I mean, most of the -- of what's been developed in this field is -- is really come from my research and helped physicians understand what the risks are and how to mitigate those risks.

Q. BY MR. ERCOLE: And with respect to speaker programs that you did, do you feel like they were helpful to physicians?

MR. DUCK: Objection to form.

THE WITNESS: I was hopeful that they were helpful.

Q. BY MR. ERCOLE: How about with respect to the CMEs?

MR. DUCK: Objection to form.

THE WITNESS: So, yes, I mean, I think when you can put out good science that is new, I'm hoping that -- and -- because it was the topic area, I was hoping that it was useful

to the doctors.

Q. BY MR. ERCOLE: Anything -- anything false or misleading that you can recall ever saying in any speaker program that you were involved in?

MR. ROBINSON: Objection to form.

MR. DUCK: Objection to form.

THE WITNESS: No.

Q. BY MR. ERCOLE: Dr. Webster, you've written books about opioids; is that fair to say, or at least one book?

MR. ROBINSON: Objection.

MR. DUCK: Objection to form.

MR. ERCOLE: All right. Let me ask it again.

MR. ROBINSON: Lacks foundation.

Q. BY MR. ERCOLE: Have you written any -- any books about opioids?

MR. ROBINSON: Objection. Lacks foundation. Form.

THE WITNESS: I wrote a book about how to prescribe opioids and mitigate the risk for practitioners.

it -- at the beginning, they did not believe there was much risk at all.

And I think that that -- that was just about not knowing and probably not understanding how to assess for risk at the time, because there are a lot of people who have chronic pain who have comorbid medical -- mental health problems that clearly increase the risk.

And so I would tell patients, If you take the medicine as directed, you should not have a problem with addiction.

And I think that's true, but I think it -- it didn't -- I didn't appreciate that there were people that probably were at greater risk at the beginning. But that's why I developed the opioid risk tool, because I knew that there was something more there. And we were beginning to see people with problems.

But who -- who and why, and how do you -- how do you identify those

people, that's why I did the literature search. I don't think I was unique. I think that's the way we collectively in the field as experts understood where we were and where the science was at the time.

Q. BY MR. ERCOLE: And -- and those views were -- were views that you independently developed based upon the science and the field at that time?

A. Yeah. Wasn't from pharma. I mean, this is -- this is something that I developed on my own because I wanted -- I didn't want to cause any harm, and I wanted to be a leader in the field to make sure that others knew what I knew and what I'd learned, what I'd published.

Q. You were shown some documents today pertaining to Cephalon and Teva. Do you recall that?

A. Yes.

MR. LEONOUDAKIS: Objection. Form.

Q. BY MR. ERCOLE: If you turn to, I believe it's Exhibit 9. I think it's the

document with "Actiq" on the front of it.

A. I see it.

Q. Before today, did you have any independent knowledge of this document?

A. No.

Q. Did you ever see this document before?

A. No.

Q. Do you have any understanding of the -- given that you -- strike that.

Given that you have no independent knowledge of this document, did you have any understanding of the intent of this document?

MR. LEONOUDAKIS: Objection. Form.

THE WITNESS: Not what we reviewed today. There are more pages here than we reviewed earlier, so I don't -- I can't comment on anything I haven't reviewed.

Q. BY MR. ERCOLE: Sure. At least with respect to the -- to the pages that you reviewed; correct?

I'll ask the question this way: